

MISSISSIPPI STATE PERSONNEL BOARD GRIEVANCE FORM		
Agency		Date
Name		Job Classification
Mailing Address		Telephone Number(s)
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GRIEVANCE STATEMENT <i>(Include identity of grievant and witnesses, if any.)</i>		
RELIEF SOUGHT		
Grievant's Signature:		
STEP ONE: Decision of Immediate Supervisor		
Supervisor's Signature		
Date		
Employee Answer		I am satisfied with the answer to my grievance.
		I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.

STEP TWO: Reply to Employee Grievance, Next Level of Management		
Supervisor's Signature		
Date		
Employee Answer		I am satisfied with the answer to my grievance.
		I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.
STEP THREE: Reply to Employee Grievance, Next Level of Management		
Supervisor's Signature		
Date		
Employee Answer		I am satisfied with the answer to my grievance.
		I am not satisfied with the answer to my grievance and wish to have it advanced to the next step.
STEP FOUR: Agency Decision		
Signature		
Date		